

# RIGHTS IN ROLES

RESOURCE PACK

**MANAGING RISK POSITIVELY**



brap



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# INTRODUCTION

This is one of five resource packs published by brap (funded by the Equality & Human Rights Commission) (EHRC) on the subject of human rights in residential care for older people. The five resource packs are:

- Human Rights in Residential Care for Older People: Commissioning.
- Human Rights in Residential Care for Older People: Leadership.
- Human Rights in Residential Care for Older People: Resident Engagement.
- Human Rights in Residential Care for Older People: Managing Risk Positively.
- Human Rights: An Overview for Residential Care Staff.

In recent years human rights have been incorporated into the Care Quality Commission's (CQC) inspection regime. We produced these resource packs because so far little practical guidance has been issued relating specifically to human rights in residential care for older people and that which has, has focused primarily on legal compliance.

The resource packs were developed with the active participation of care commissioners, care home staff and managers, and residents and their families and carers. Each consists of commentary, tip sheets and exercises aimed at providing practical help, suggestions and guidance to ensure that human rights are better embedded in the routine daily concerns of providing residential care for older people.

The resource packs are aimed at managers, leaders and frontline staff, commissioners of care and residents and their families, in short, anyone involved in the provision of residential care who wants to better understand the daily, practical implementation of human rights in this context. The exercises are designed for use in a variety of contexts: personal use, staff team development sessions, and even, where appropriate (e.g. in the resident engagement resource pack) with residents and their families.

This resource pack aims to support care staff and managers working in residential elderly care to adopt a positive approach to risk that focuses on promoting the human rights of residents in a balanced and fair way and enabling residents – as far as possible – to make their own decisions about what they can and cannot do.

## **TOOLKIT 1            Front line staff**

- Why thinking about risk positively can protect the rights of older people.
- What positive risk enablement means and how to do it

## **TOOLKIT 1            Leaders and managers**

- Leaders and managers have a role in creating a positive attitude to risk within their home.

## **TOOLKIT 1            Balancing risks and decision making**

- Being creative about how you manage the outcome of risk assessment, so that you better support the rights of residents.

This resource pack is based on two fundamental principles:

- First, that the best relationships between people who live and work in residential care happen when there is a shared understanding of what acceptable levels of risk look like in particular situations.
- And second, that the best care for residents happens when the main role of risk management is to enable residents to enjoy their human rights and live their lives in a way that they value, as opposed to avoiding risk to defend the home from potential blame or reputational loss.

# TOOLKIT 1

## POSITIVE RISK ENABLEMENT: FRONT LINE STAFF

### Introduction

This toolkit will help you develop a better understanding of:

- Why thinking about risk positively can protect the rights of older people.
- What positive risk enablement means and how to do it.

It contains the following tip sheets:

- Tip sheet 1: Enhancing older people's independence.

Adopting a positive approach to risk enablement involves understanding what residents *really* want to be able to do and thinking creatively about how you can help them achieve this. This doesn't mean casually jeopardising residents' safety, but it does mean not trying to avoid or eliminate all risks.

This toolkit is about helping frontline care staff promote positive approaches to risk enablement in older people's residential care settings.

When we spoke to frontline staff they told us how many of the actions taken to control risk could be viewed as being in the interest of the care home rather than the individual, and they were concerned about this. Positive risk enablement is about assessing risk so that it opens up opportunities to promote and protect the independence of older people, as opposed to using a risk management process to restrict them doing the things that they would like to do.

A human rights approach will help you find the right balance between safety and choice. It involves considering the aspirations and entitlements of residents and doing your best to respond to these, except in situations where doing so might endanger their own or another's safety or human rights.

Ultimately both risk assessment and risk enablement are required to promote human rights. Being clear about how you encourage and promote positive risk enablement can help residents live their lives more fully, be happier and more independent, and more mobile and engaged.

# TIP SHEET 1A

## Enhancing the independence of older people

### Introduction

This tip sheet offers suggestions for what frontline staff can do to adopt a more positive approach to risk enablement and enhancing the independence of older people.

### A better attitude towards risk

Positive Risk Enablement requires:

- Thinking outside the box: what does the individual want to do and how might I be able to support them to do this?
- Using the outcomes of risk assessment procedures to open conversations about positive risk enablement, rather than taking them at face value, which is a way of closing conversations.
- Creating a 'safe' environment for staff so that there is shared responsibility and accountability for the decisions taken about risk.
- Most importantly, enhancing communication between the resident and carer so that discussions about risk can be open, transparent and person-centred.

### Enhancing the independence of older people

Start from the position of working with residents to enable them to do the things they value rather than preventing them from doing things. Risk enablement is underpinned by person-centred care.

Encourage residents and others to share their concerns, but be mindful of how you respond to these concerns. Try not to react negatively and appear risk averse. Positive risk enablement is about trying to find solutions (i.e. manage risk) – not simply assuming that everything is too risky and that no solution exists.

Be open in your communication with residents and try to draw out what they need and value. This can help to generate options on how to pursue residents' needs and ambitions.

Remember that your home can be the place where residents try out something that they have always wanted to do for some people new circumstances help them try out new and different things. Try to switch off your preconceptions about what you

think older people are capable of. Be open to the potential for new activities, outings and trips, and the forming of new relationships.

Listen to this audio: Care home manager talks about keeping up standards of care and the need for **regular reinforcement of decisions** relating to risk management and good care.

Contents of audio:

- Keeping up standards is something you can never let up on as a manager – you have to have your eyes open all the time to see standards are kept up.
- You can't let things sit on the backburner and think 'well, the staff know what they're doing, I'll just leave them to get on with it'. Things can slide so you've got to be making sure standards are being kept up.

Listen to this audio: Care home manager talks about keeping up standards of care and **reminding people of good decisions** relating to risk.

Contents of audio:

- If you do see something wrong immediately attend to it. If staff make a mistake take them to the side and let them know. Doing it quietly rather than bringing it up weeks/months later. That makes it a much bigger problem than it needs to be. It is better to deal with things like this at the time, because most staff do know what they should be doing, it's just a little reminder.
- We are always walking around the home so people know we are there. They know we will be looking and reminding everybody of the rules (relating to risk) including for residents and family.
- Health and safety is about allowing you to do things safely – rather than preventing you from doing things. It's about keeping talking about it and nipping problems in the bud.
- We also feedback good comments to staff that we hear from outside the home. We receive a lot of nice cards and we put these out so staff can see what they have done.
- Positive reinforcement is better than negative reinforcement.
- Most staff understand what is expected, for example when inspections happen we all get upset if we don't get a good report.
- Communication between managers and staff makes us more like a family.

# TOOLKIT 2

## POSITIVE RISK ENABLEMENT: LEADERS AND MANAGERS

### Introduction

This toolkit will help you develop a better understanding of:

- Leaders' and managers' role in creating a positive attitude to risk.

It contains the following tip sheets:

- Tip sheet 2: Positive risk enablement – what leaders and managers can do.

We have discussed the term positive risk enablement and the need to promote a more positive attitude toward risk. The CQC's fundamental standards relating to 'person-centred care' focus specifically on care providers' ability to discuss and balance issues of risk in partnership with service users.

Yet managers and leaders can sometimes create environments which are risk averse, too risky, or something in between. The future of a care home can rest on the outcome of its last positive inspection process, or its last near miss. This is the hard truth and it can result in leaders reinforcing learning primarily from what has gone wrong (or what nearly went wrong). This may avoid the same mistakes being made in the future, but it can also set in place a culture of 'fear' where everyone and everything is cautious because of what might happen if they are not. There are often lessons that need to be learnt in care, but we mustn't let fear blind us to the real job: that of promoting the best care environment possible for older people and this includes enabling them to pursue the things that they value.

# TIP SHEET 2A

## WHAT LEADERS AND MANAGERS CAN DO

### Introduction

Leaders and managers can help staff to develop their professional judgement by involving residents wherever possible in joint risk assessment processes. Risk assessment should not be something that people do to others, it should be something that is done in close consultation with the resident and where appropriate their families. This tip sheet offers leaders some suggestions about what they can do to promote positive risk enablement during the process of assessing and managing risk.

### Promoting positive risk enablement

Leaders can:

- Encourage staff and residents to see risk enablement as a continuing discussion. This will help to generate high quality relationships, where conversations about independence and the rights of residents can develop and grow. This is the type of environment in which residents' autonomy and choice is respected and nurtured.
- Help staff to understand that risk assessment isn't just about covering our backs as a care home, it isn't just a tick box process.
- Help staff to move away from blanket decision-making. The assessment is about more than the paperwork, it requires professional judgement and where possible resident involvement. It involves tailoring decisions and solutions to the individual resident.
- Help staff to communicate decisions about risk enablement to residents and their carers.
- Help staff understand that it is 'permissible' for them to think about how risks can be minimised so that a resident is able to do what they value. Help staff and residents think 'outside the box' so that care is well delivered and risks are managed. This also helps to move away from 'mechanical' risk assessment and form-filling. Developing a sense of shared accountability can improve the quality of decision-making and risk-taking.

- Be clear about using incidents as learning opportunities. Think through what could have been done differently to promote independence and to secure rights rather than concluding that risks cannot be taken, ever again.

# TOOLKIT 3

## BALANCING RISKS AND MAKING DECISIONS

### Introduction

This toolkit will help you develop a better understanding of:

- How you can be creative in managing the outcome of risk assessment so that the rights of residents are better supported.

It contains the following tip sheets:

- Tip sheet 3A: Making decisions about risk and human rights – worked examples.
- Tip sheet 3B: Making decisions about risk.
- Tip sheet 3C: Risk isn't static.
- Tip sheet 3D: Bias and decision-making.

At times, it can be easier to avoid risks rather enabling residents to take reasonable risks.

But to do this, staff need to have the confidence to put the resident at the heart of the risk assessment process, safe in the knowledge that they have worked with the resident to make the best decision, and won't be blamed if there is an adverse outcome as a result of the decision. Frontline staff, managers, residents and their families and carers each play an important role in helping to create such an environment.

Using ideas that underpin human rights can help you to make fairer and more balanced decisions about risk in partnership with residents, their families and carers. Human rights principles will also help you identify the circumstances in which it might be appropriate to limit what a person can do (despite their wishes) in order to protect their safety, or the rights of others. A human rights approach to risk operates in favour of the resident in the sense that it promotes solutions that are the least restrictive to the rights of the individual in question.

# TIP SHEET 3A

## MAKING DECISIONS – WORKED EXAMPLES

### Introduction

This tip sheet illustrates how thinking about human rights can help when making decisions about risk with residents. The following exercise can be done on your own, or as part of a group. It includes two worked examples of the types of decisions you might face in your work. You can consider one or both of the examples.

### Example 1

Making decisions about risk often involves difficult questions for care staff who are trying to balance empowerment of residents with their duty of care and keeping residents safe. Consider the following example:

*Making decisions about risk often involves difficult questions for care staff who are trying to balance empowerment of residents with their duty of care and keeping residents safe. Consider the following example:*

*Jean is 94 years old and has just moved to a care home. She has osteoarthritis in her arms and has trouble walking. Sometimes this affects her ability to do the things she used to do when she lived at home with her daughter and family. Until very recently she tended to wake up very early, make herself cups of tea and go and sit at the kitchen table to wait for her grandchildren to wake up.*

*Now that she is at her new home, Jean is still keen to get up early (about 6am) and sit in the communal dining room and make herself tea. She has tried to do this a few times now, but staff have stopped her as they feel there is a significant risk of accident if she does this unaided. Staff are all too busy at this time of the morning to help Jean make tea.*

*Staff want to support Jean's transition into her new home, but they've had dilemmas like this before and have had to think about the care and support of other residents. Jean's family want to sit down with somebody from the home and to talk it through.*

*You now face a choice:*

- What would you do now?*
- What kinds of rights are at stake here for Jean if she isn't allowed to make tea in the morning when she wakes up?*
- What kinds of rights are at stake for others if she is?*

## You need to make a decision – which door would you choose?



You meet Jean and her family to discuss her care plan and how to resolve this issue. You empathise and say you wish there was more you could do, but that you simply don't have the staff resources at that time of the morning to be able to help Jean make her own tea. You explain that you think there is a high risk of accident if Jean continues to make tea unaided. You emphasise that staff are very willing to take Jean a cup of tea in

her room, and that staff will be on hand to help Jean in the dining room from breakfast time at 7.30am.

### Red door consequence

Jean doesn't see why she can't make tea on her own. She understands the care home staff are busy and doesn't want to be any trouble, but in the weeks that follow Jean becomes more and more frustrated that she isn't being allowed to go into the dining room when she wakes up at 6am. She is frustrated that she isn't able to make her own decisions.

### Red door – concluding remarks...

In the Red door example, Jean felt that she hadn't really been listened to and that staff didn't understand why making



You meet Jean and her family to discuss her care plan and how to resolve this issue. You start by asking Jean to describe what she used to do in the morning when she lived with her family, and why she likes to make her own tea in the morning.

You realise that the early morning cup of tea Jean makes herself formed an important part of her routine in the family home and is still significant to her. You help Jean describe the

risks associated with her making tea early in the morning. She recognises most of the risks that you have identified. You recognise that residents should have the autonomy and choice to make decisions about what they do in the home (engaging their right to respect for private and family life) and conclude that restricting Jean's rights because no staff are available to help her may not be fair or reasonable. You want to find a compromise that will help Jean take that decision about risk.

### Blue door consequence

Jean explains that she is aware of the risks, but wants to see if there is a way round this, as it will really help her to feel like this is her home and assert her independence. You work with her and the family to find a solution and agree that the likelihood of serious

tea early in the morning was important to her. As a result she wasn't able to define her own risks. She also felt that she didn't have real choice and control over what happens to her in the home and that an important aspect of her identity and her previous home routine had been ignored (right to respect for private and family life). All care homes will need some level of routine, but if homes are too inflexible in this it can lead to institutionalised care, which can prevent residents' choice.

harm to Jean can be minimised. You agree that you will find another way to store the things that Jean needs to make tea so that she doesn't need to reach up high for them. You also agree to buy a type of hot water pump that will mean Jean and other residents don't need to pour the hot water in the way they did previously. You discuss how on some mornings Jean could buddy up with another resident who also wakes up early who can help her to make her tea.

Jean and her family agree to accept shared responsibility for the risks associated with this. By discussing this with Jean and her family and agreeing some conditions that can ensure her safety, you have helped Jean to make her own choices about personal risk, avoided restricting her movements and helped ease her transition into the home.

#### **Blue door – concluding remarks...**

In the Blue Door example, staff recognised the importance of this personal routine to Jean, particularly at a time of transition to an unfamiliar environment, and that Jean's right to respect for private and family life was at stake (this includes promoting residents' personal autonomy as well as issues of private and family life). Staff were able to find sensible controls that would help to minimise risk. She was impressed that staff helped her to find a solution to the issue, she felt listened to and recognised that she had a shared responsibility to discuss and manage the risk.

### Red door, blue door – leaders and managers

- What could you have done to support staff to take the blue door as opposed to the red door?
- What do you do to help colleagues make good decisions about risk that put the rights of resident's centre-stage?

See also Toolkit 1: Improving positive risk enablement, Part 2 – the role of leaders and managers.

## Example 2

Making decisions about risk often involves difficult questions for care staff who are trying to balance empowerment of residents with their duty of care and keeping residents safe. Consider the following example:

*Parvez is 82 years old and suffers from Alzheimer's. He has been a care home resident for six weeks or so. Following his wife's death from cancer the preceding year, and a recent fall which required hospitalisation, Parvez's family in discussion with social services concluded that he could no longer cope on his own at home and a place was found at a care home just around the corner from his daughter's house (Ameena).*

*Since moving to the care home he has not found it easy. Staff have told Ameena that he seems agitated and doesn't like to stay in his room. Two weeks ago Parvez was spotted by a member of staff trying to leave the care home. When asked about this he told a member of staff that he was going to see his daughter, Ameena. The member of staff told Parvez he couldn't go and that he would need to wait until his daughter came to visit him (which she was doing every other day). This led to Parvez shouting "you can't keep me here" and trying to force his way out of the front door. He had to be physically restrained by members of staff until he calmed down. He has since been told that he can't leave the care home unless it is part of an arranged trip with other residents.*

*His daughter Ameena asked the care home why they had done this and why she and her father had not been consulted. The home told her that they do not have the staff to take care of Parvez if he leaves the care home on his own and that he is not in the 'right state of mind' to make decisions about whether he should leave or not. The care home hasn't yet had time to conduct a formal falls risk assessment and have not made a formal request to the Local Authority to deprive Parvez of his liberty.*

## Questions

- Which of Parvez's human rights are at stake?
- What could have been done differently in terms of risk assessment and decision-making to help uphold his human rights in this example?

## Prompts for discussion

### What kinds of rights are at stake for Parvez?

Parvez's right to liberty and security is being threatened in this example as he is being kept in the care home and is not free to leave and he lacks capacity to consent to this. In March 2014, the Supreme Court delivered its judgments on the case of *P v Cheshire West and Chester Council and another and P and Q v Surrey County Council*.

The Court found there to be a deprivation of liberty under Article 5 of the ECHR in the following circumstances: "The person is under continuous supervision and control and is not free to leave, and the person lacks capacity to consent to these arrangements." This ruling suggests that the purpose of the deprivation of liberty, or a lack of objection from a resident to particular care arrangements, are not relevant to determining whether there is a deprivation of liberty.

Applying this judgement, in Parvez's case it is likely that there is a deprivation of liberty and if that is the case the Deprivation of Liberty Safeguards (contained in the Mental Capacity Act 2005 (as amended)) have not been followed. It is likely his right to liberty and security has been violated and, in addition, other rights may have been violated such as Parvez's right to respect for private and family life.

### What could have been done differently in terms of risk assessment and decision-making to help promote human rights in this example?

The Mental Capacity Act (2005) includes clear guidelines about what should happen in a case where a care home feels a resident may need to be deprived of their liberty. There are also other sources of guidance which describe this in more detail. In summary, the Mental Capacity Act requires that if someone is identified as being deprived of their liberty, or at risk of being deprived of their liberty, the managing authority (the care home) must consider if:

- The deprivation of liberty is in the person's best interests and necessary to protect them from harm.
- There are less restrictive alternatives that do not result in a deprivation of liberty and/or breach other basic rights and freedoms.

If it is thought to be in the person's best interests and a less restrictive approach is not possible, the care home must apply to the supervisory body (the local authority) for authorisation of the deprivation of liberty, which must then respond to this application within 21 days (unless an urgent request is made). If the care home is not sure whether the restriction amounts to a deprivation of liberty then the care home should apply for authorisation to the supervisory body too – which will then make an assessment.

In this example, the lack of consultation with Ameena and Parvez and failure to follow appropriate deprivation of liberty safeguards (DoLS) would need to be addressed by the care home. By undertaking appropriate risk assessment (e.g. a falls assessment) and consulting with Ameena and Parvez, the care home may have been able to identify a less restrictive approach to supporting Parvez to leave the care home (e.g. arranging for Ameena to pick Parvez up and bring him back). Conducting these assessments would have also helped inform care staff of any support needs Parvez may have or adaptations they may need to make to help him to move around more generally.

# TIP SHEET 3B

## MAKING DECISIONS ABOUT RISK

### Introduction

This tip sheet focuses on making decisions about risk in older people residential care. It spotlights the issue of restraint as this is one area of practice where the rights of residents are at risk and care home staff have said they would benefit from guidance.

### Top tips

- ♥ Understand what a person would like to do and why it is important to them, including the rights that may be at stake. The best decisions about risk encourage people to do what they can for themselves. Restricting rights, which might seem 'safer', can also have negative consequences, such as a detrimental emotional impact on the resident, reduced self-esteem, loss of identity and loneliness.
- ♥ A risk enabling approach involves understanding residents' concerns and aspirations and may require you to help them define their own risks. This can be challenging: residents may sometimes react against or report restrictions which they feel infringe their rights. Staff should be ready to listen for this and support the resident in the process of sharing information that will help to protect them and other residents (and staff) in the future.
- ♥ Remaining aware of the rights that are at stake when decisions are made about risk can help staff to avoid professional risk aversion which can hinder choice, control and enablement of residents to live independently.
- ♥ The majority of residential care providers will have clear protocols regarding Deprivation of Liberty Safeguards. However, these are not always applied consistently. For example, bedrails can be used to help stop people falling out of bed at night, but in some situations can also be seen as a form of restraint if somebody who doesn't want them isn't able to communicate this to staff. Considering DoLS and human rights issues as part of risk assessment can help avoid situations where a decision made in the best interests of the resident in fact results in a deprivation of liberty.

- ♥ Decisions in care homes, whether about risk or other service issues, are often decisions about managing care in a group care setting. It is important that the most vulnerable are considered while not restricting freedom or choice for the majority.

## Spotlight on restraint

Making decisions about restraining or not restraining a resident involves an assessment of risk, but these assessments are sometimes done very quickly as an emergency response to challenging behaviour that may pose a risk to the resident or others. A lot has been written about restraint and it is too large a topic to cover here in any great depth. But, from a human rights perspective here are some key points:

- ♥ Some forms of restraint are used in care homes to ensure the safety of a resident or the safety of others. The use of restraint has the potential to interfere significantly with residents' human rights, particularly their right to be free from inhuman and degrading treatment and potentially the right to liberty and security.
- ♥ People have the right to make decisions about risks that affect them. Restricting the movement of residents' lacking mental capacity by using restraining techniques is unlikely to be in accordance with protection of human rights, unless it can be demonstrated that it was lawful, necessary and proportionate in the circumstances.
- ♥ Some forms of restraint (such as not permitting a resident to go outside of a care home) can constitute a deprivation of liberty (and appropriate safeguards need to be followed).
- ♥ Restraint should be described in a clear policy in the care home.
- ♥ First attempts to restrain should be non-physical (as much as is possible).
- ♥ Physical restraint should be limited to manual control (which means person to person contact – as opposed to, for example, 'mechanical' control such as strapping somebody into a chair).
- ♥ Instances of restraint should be recorded systematically.
- ♥ Given the speed at which some decisions about restraint are made, it can be useful to ensure that subsequent time and opportunity are made to enable staff to reflect on the decision and assess whether the most appropriate and least restrictive approach was taken

# TIP SHEET 3C

## RISK ISN'T STATIC

### Introduction

Though many decisions about risk in care homes are reasonably straightforward, it is for many providers still one of the most problematical areas of management.

Moreover, risk isn't static. Risks change, both for the individual (as their capability or health changes) and for the care home (with staffing levels, say, or other factors).

Protecting residents' human rights requires care staff to adapt to the changing nature of risk and to ensure that care is tailored to the changing needs and requirements of residents.

For this reason it is important to see risk management as a dynamic process and one that should involve consultation every step of the way, even (and perhaps especially) after decisions have been made. Residents, their families and carers should be able to revisit decisions that have been made and discuss them again in the light of changed circumstances.

### Top tips

Here are some top tips on thinking about risk management as a dynamic process:

- ♥ Risk is dynamic and doesn't stay still. Things change, people change and decisions may need to be subsequently adapted to reflect this change.
- ♥ Factoring in time to revisit decisions about risk (or asking residents, families and carers to let you know how the decision is working) is a good way of ensuring that decisions remain appropriate and not over-restrictive.
- ♥ Revisiting risk decisions can also be a chance to understand whether there have been any unintended consequences affecting the human rights of the resident, or other people living and working in the home.
- ♥ Some decisions about risk can be made quickly and don't always allow time for reflection and consideration of all of the issues involved. For example, dealing with 'challenging' residents may, in limited circumstances, require the use of restraint. It is possible to restrain a resident lawfully and justifiably if the resident gives informed consent or the restraint is justified by law. Restraint in an emergency is justified by law if it is used to prevent harm to the resident or

others, or to prevent a crime under common law, or is used in a pre-planned way to 'prevent harm to a person lacking capacity, involves the minimum force necessary and is used for the shortest duration possible'. It is good practice to reflect on such incidents and consider whether the restraint used was the least restrictive measure that could have been taken in that circumstance.

- ♥ The same goes for other decisions about risk. It can be a useful exercise to ask yourself the following question: did we agree a decision that was least restrictive to the resident's rights and wishes? If you think there may be another way to improve protection of the resident's rights it is appropriate to raise this.

# TIP SHEET 3D

## BIAS AND DECISION-MAKING

### Introduction

We all have bias: preconceived views about the world. Although we think we know ourselves well we also sometimes have to open ourselves up to challenge, especially when it comes to guiding others or making decisions on their behalf. What values influence our own views about age? Are these values informed by 'professional judgement' or our own possibly biased world-view?

Bias can affect the way we view risk and this, in turn, can lead to differential treatment of people based on some aspect of their identity (such as disability, race, gender, religion or belief, age, or sexual orientation). The Equality Act 2010 prohibits discrimination in the provision of goods and services on the basis of protected characteristics like this. Bias and erroneous preconceptions, for example, assuming that an older person won't be interested in having an intimate physical relationship with another, can result in differential treatment of people which prevents them enjoying their human rights.

This tip sheet uses the WORLD framework to help think about bias.

### WORLD

Understanding more about yourself can make you more aware of how you work with others and what you may need to do to help you to work with greater honesty and integrity.

W

We all have a **WORLD** view, which is informed by our upbringing and everything we experience around us, including our own culture and values. It's impossible to screen this out, but if you are clear about what you believe and why you believe it then it can help you to make better decisions.

- What significant influences have informed your worldview?

O

People are all different but if we are really honest, there are some people who are 'very different' from those we know. Being open to different cultures to our own and to **OTHER** groups of people involves challenging ourselves and letting go of some of our preconceived ideas about other people.

- Which individuals or groups do you find more challenging to understand and work with?
- How do you know that your prejudices do not come to the surface when you work with them?

R

Many of us will have very clear views about what is '**RIGHT**' and what may be '**WRONG**'. Often it is this moral compass that guides our professional judgment. Yet we need to understand where these views come from, for example, is it a particular cultural belief that I hold, and does this influence my decision-making processes relating to the protection of residents' rights?

- Are you clear about the things that you believe are 'right' and 'wrong' and where you get these understandings from?
- How do you check that you are not using these opinions inappropriately in your work?

L

To be our best when working with vulnerable people, and to give opportunities for as much choice and self-determination as possible, we need to be able to **LIMIT** or switch off our own wants, wishes and values and put ourselves in the position of those we are supporting. Where there is less capacity for independent decision-making advocates and families might be used to support this process. We must be careful however that we also think critically about the views being expressed by advocates/families. They are also subject to their own prejudices and it is permissible for care home staff to question and challenge views that are advocated if you believe they may not be in the best interest of the resident.

- Are you drawing on additional support to help make decisions in cases where a resident has reduced capacity?

D

Where there is less capacity for independent decision-making, it is even more important that you **DISCUSS** the merits of the decision and ensure that it is based on the best available information and judgement.

- Do you revisit the decisions to see if they were well informed?
- Has there been any negative impact on individuals, even though at the time it seemed like the best decision?

Consider the following case study:

*Your manager has told you that a female resident (Daphne who is in the early stages of Alzheimer's) was seen kissing a male resident (Jim) in the corridor. In your manager's eyes this is not acceptable as the female resident in question has always been a 'moral and religious type of person' and she doesn't think that Daphne would think her behaviour 'appropriate' if she weren't experiencing dementia. From what you have seen, Daphne has appeared much happier in the last few months since she has formed a relationship with Jim. Your manager has asked you to talk to Daphne and assess if there is a safeguarding risk. You are keen to find a way to protect and promote Daphne's (and Jim's) right to respect for private and family life.*

- What would you do in this situation?
- What types of assumptions or biases do you think might be at play in this example?







# OTHER USEFUL RESOURCES

## **Community Care and Housing**

Supporting choice: balancing rights, risks, and responsibilities

[www.thinklocalactpersonal.org.uk/asset.cfm?aid=7141](http://www.thinklocalactpersonal.org.uk/asset.cfm?aid=7141)

## **Department of Health**

Deprivation of Liberty Safeguards: judgments of the Supreme Court

<https://www.gov.uk/government/publications/deprivation-of-liberty-safeguards-supreme-court-judgments>

## **Mental Welfare Commission for Scotland**

Rights, risks, and limits to freedom

[www.mwscot.org.uk/media/125247/rights\\_risks\\_2013\\_edition\\_web\\_version.pdf](http://www.mwscot.org.uk/media/125247/rights_risks_2013_edition_web_version.pdf)

## **Skills for Care**

Various guides on restrictive practices

[www.skillsforcare.org.uk/Skills/Restrictive-practices/Restrictive-practices.aspx](http://www.skillsforcare.org.uk/Skills/Restrictive-practices/Restrictive-practices.aspx)

## **Social Care Institute for Excellence**

Deprivation of liberty safeguards

<http://www.scie.org.uk/publications/ataglance/ataglance43.asp>

## **Social Care Institute for Excellence**

Protecting adults at risk: good practice guide

[www.scie.org.uk/publications/adultsafeguardinglondon/files/sections/major-investigations-and-reviews.pdf?res=true](http://www.scie.org.uk/publications/adultsafeguardinglondon/files/sections/major-investigations-and-reviews.pdf?res=true)

## **Social Care Institute for Excellence**

Personalisation: promoting independence in care homes

[www.scie.org.uk/socialcaretv/video-player.asp?v=promoting-independence-in-care-homes](http://www.scie.org.uk/socialcaretv/video-player.asp?v=promoting-independence-in-care-homes)

## **Social Care Institute for Excellence**

Reablement: maintaining independence

[www.scie.org.uk/socialcaretv/video-player.asp?guid=7f99fdd1-0e82-47c9-adb9-b939284397fc](http://www.scie.org.uk/socialcaretv/video-player.asp?guid=7f99fdd1-0e82-47c9-adb9-b939284397fc)

## **United Kingdom Homecare Association**

Dignity in residential care: resource guide

[www.dignityincare.org.uk/library/microsoft\\_word\\_-\\_dignity\\_in\\_residential\\_care\\_resource\\_guide.pdf](http://www.dignityincare.org.uk/library/microsoft_word_-_dignity_in_residential_care_resource_guide.pdf)



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brap is transforming the way we think and do equality. We support organisations, communities, and cities with meaningful approaches to learning, change, research, and engagement. We are a partner and friend to anyone who believes in the rights and potential of all human beings.

The logo for brap, featuring the lowercase letters 'brap' in a bold, yellow, sans-serif font. The 'b' is significantly larger than the other letters, and the 'r' is stylized with a curved top.

making equality work for **everyone**

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